ET-0547-0904

## NEW JERSEY DIVISION OF PENSIONS AND BENEFITS REPORT OF TRANSFER / MULTIPLE ENROLLMENT FORM

PO Box 295 Trenton, NJ 08625-0295

See reverse side for instructions on completing this form.

## **INDICATE TYPE OF ACTION:**

RE	PORT OF TRANSFER	or   MULT	IPLE ENROLLMENT (PER	RS and TPAF Only)
	INDI	CATE RETIREMENT	SYSTEM:	
☐ Public Employ	vees' Retirement System (P	ERS) 🗆 Te	achers' Pension and Annuity	System (TPAF)
	remen's Retirement System	,	ĺ	
THIS SECTION TO B	SE COMPLETED BY THE N	MEMBER:		
Social Security Num	ber:	Pension I	Membership Number:	
Name:				
	(Last)	(First)	(Middle)	(Maiden)
Address:				
		(Street)		
<del></del>	(City)	(State)	(Z	ip Code)
Daytime Telephone: _				
	(Area Code)			
New Employer Locati  Is New Employer a Benear Title of New Position	on/Payroll Number:	es 🗆 No	(Month/Year) or (Pay Period/Year)  Hire Date:	
Date Employment E	Began:// [Do		or substitute service) Board of Examiners within the N	J Department of
	nold a certification issued by the of Education Only: Is the posit		ers within the NJ Department of lional?	Education? 🗆 Yes 🗀 No
Current Annual Base	Salary: \$	Employee is	s paid on:   10 month ba	sis
Is employee currently	employed by more than on	e <i>public</i> agency?	Yes No	
lf yes, please list p	oublic agencies:			
Signature o	of Certifying Officer		Telephone Number	Extension
Street A	Address	City	County St	ate Zip

## **INSTRUCTIONS**

This form is to be completed for any member who leaves one New Jersey public employer to take a job with another New Jersey public employer but remains in the <u>same</u> retirement system. It is also used to establish <u>multiple enrollment</u> in the retirement system. A member establishes multiple enrollment when he or she is employed by more than one public agency at the same time in a position that is eligible for membership in the <u>same</u> retirement system.

If the new employment is covered by a <u>different</u> retirement system, an *Application for Interfund Transfer* should be completed instead of this form.

The Report of Transfer/Multiple Enrollment Form should be filed with the Division of Pensions and Benefits within 10 working days of the date employment begins. The employer should establish that the employee's membership in the retirement system has not expired or been withdrawn. If the employee's membership has expired or been withdrawn, the employee must complete a new *Enrollment Application*.

The Division of Pensions and Benefits will process the *Report of Transfer/Multiple Enrollment Form* and will send a *Certification of Payroll Deductions* to the new employer advising the employer of the date pension deductions must begin for the transferring employee.

Please forward the completed form to:

Enrollment Section
Division of Pensions and Benefits
PO Box 295
Trenton, NJ 08625-0295

IF ANY ITEMS ON THIS FORM ARE INCOMPLETE OR LEFT BLANK, IT WILL DELAY THE PROCESSING THE MEMBER'S TRANSFER OR MULTIPLE ENROLLMENT. THIS MAY RESULT IN ADDITIONAL BACK PENSION CONTRIBUTIONS AND CREATE A HARDSHIP FOR THE MEMBER. THEREFORE, THE CERTIFYING OFFICER SHOULD ENSURE THAT ALL ITEMS ARE COMPLETE PRIOR TO SUBMISSION OF THIS FORM.